	CI	AIMIC AC	ve October 1,	2003	•	· · [Inl	21.10	/	
CLAIMS AS FILED - PART I						106/126/15				
TOTAL (-	(Column 1)	Column 2	•	SMALLE	NTITY		OTHER -	
FOR						ITPE			OTHER T	
			NUMBER FILED	NUMBER		RATE	FEE	7 [RATE	
TOTAL CHARGEABLE CLAIMS		LAIMS	S TOMOCH EXT		RA ·	BASIC FEE	385.0	OOBB	400	
INDEPEND	ENT CLAIMS		minus 20=	+		X\$ 9=	-	コ ト		
MULTIPLE DEPENDENT CLAIM PRI			minus 3 = *					OR	X\$18=	
				. [X43≒		JOR	X86=	
, ii tùe qitte	erence in colur	nn 1 is less	than zero, enter	"O" in and		+145=		OR +	290=	
	CLAIMS	AS AME	NDED - PAR	· · · · · · · · · · · · · · · · · · ·		TOTAL	<u> </u>	d		
	TOOIG	***			٠.	_		- .	DTAL	
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Ï	AFTE AMENDI	R .	NUMB PREVIOU	ER PRESEN	ıτ' ' T	1	DDI-		MALL ENTIT	
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Total	. 27	Minus	PAID FOR	EXTRA] 1	ATE TION		RATE	· ADDI-	
ndependent			** 40	=	XS	9= FE	-	-	FEE	
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	(Column 1) CLAIMS		(Column 2)	(Column 3)	ADDIT.	FEE L	OR	TOTA ADDIT. FEI	E	
	REMAINING AFTER	1	HIGHEST NUMBER							
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al .	*	Minus	##	-		TIONAL FEE	1 - 1	RATE	TIONAL	
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ST PRESE	VTATION OF MI	JLTIPLE DE	*** PENDENT ÇLAIM	=	Y40	+	OR	X\$18=		
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ntry in colum Highest Numi	n 1 is less than th	e entry in colu	mn 2, write "0" in col		+145=	-	OR	+290=		
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